

REF: CS/ASM21002623/R1qf3

Special Instruction:

ASSIGNMENT (Office)

\$123804

From (Person): YVONNE ANG of AXA Date/Time: 25/2/2021 2:15 PM

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD TP Re-inspection Evaluation

Surveyor: **VICOM**

Workshop: SBS SOON LEE

To Inspect Vehicle No: SBS 3061E Insured: SGE 8668L

at Workshop m/s SBS WORKSHOP Tel: 6867 8414

of 28 SOON LEE ROAD

Policy No: _____ Claim No: SOM02F21

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 31/01/2020

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 21/06/21 Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original ____ days)

Date/Time: 21/06/21 Submit Final Fig 122304, 55 days (Red \$1500 / 1 %; Original 60 days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time 22/06/21 File Pass to Typist

2) Date/Time

File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time

File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time

File Return to